

**City of Fayetteville Occupational Tax Permit (Business License) **PROFESSIONAL****  
**Application Instructions.**

**BUSINESS NAME AND LOCATION:** Local street address in Fayetteville.

**DESCRIPTION OF BUSINESS:** Please list **ALL** business activities to be conducted at this location. This is the description that will be printed on the permit. (Example: Medical Practice, Surgery Center, Legal Practice)

**Please provide copy of state license for all professionals.**

Number of full-time and part-time employees of the company (Fayetteville location).

Social Security number, Federal or State Tax ID, and/or Sales Tax number: At least one is required.

**BUSINESS OWNER:** Name of the Corporation, LLC, Partnership, individual, etc., that owns the business.

**PLEASE PROVIDE COPY OF ARTICLES OF INCORPORATION**

Mailing address, phone number, and e-mail address of business owner.

Name and title of person completing the application (owner, manager, etc.)

U.S. Citizen: Please check yes or no. If not a citizen, please bring in legal resident card.

**NAME AND ADDRESS OF PROPERTY OWNER:** Company or person that owns the building.

**Emergency Contact Form:** Please complete all emergency contact information as listed.

**New Occupational Tax Sheet:** Please complete all information.

**Department of Revenue Official Addendum to Business Occupancy License Application:**

Please complete this form even if you do not have a sales tax number.

The **Private Employer Affidavit** and the **U.S. Citizen/Qualified Alien Affidavit** must be signed and notarized. Notaries are available at City Hall, or you may use a notary elsewhere. Please bring your driver's license or photo I.D. with you. If you are not a U.S. citizen, please bring your green card or proof of legal residence. **PLEASE SIGN IN FRONT OF THE NOTARY.** Please list the number of full-time and part-time employees (all locations combined) on the Private Employer Affidavit. If more than ten employees, an E-Verify number is required. **NOTE:** This is not the same as a State or Federal Tax ID number.

When your application is received, it will be e-mailed to the departments listed for their approval. You will be contacted when the license is ready to pick up.

**Professionals will not pay a fee upon initial application. Each year at the time of renewal, professionals may choose to either pay a \$300 flat fee per professional, or a tax based on gross revenue (kept confidential), which will not be less than \$75.**

Please note all occupational tax permits expire on December 31<sup>st</sup>. Renewal forms will be mailed in December 2020. Please complete and return the forms, and you will be billed for 2021. Payment for the 2021 renewal must be received by March 31, 2021 to avoid penalty and interest. Please keep us updated if your mailing address changes, or if you move from one location to another, or close the business.

If you have any questions, please call 770-719-4165 or e-mail [PBrown@fayetteville-ga.gov](mailto:PBrown@fayetteville-ga.gov).

Rev. 08/25//20

**PROFESSIONAL**

CITY OF FAYETTEVILLE  
240 GLYNN STREET SOUTH  
FAYETTEVILLE, GA. 30214  
Phone: 770-461-6029 FAX: 770-460-4238

**OCCUPATIONAL TAX PERMIT (BUSINESS LICENSE) APPLICATION**

( ) LLC ( ) Home Occupation RENEWAL DUE: 01-01-2021  
( ) Single Proprietor ( ) Non-Profit Organization PENALTY APPLIED: 04-01-2021  
( ) Corporation/Partnership CITATIONS ISSUED: 05-01-2021

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS LOCATION:** \_\_\_\_\_  
(Please include suite number if applicable.) (Fayetteville GA)

**DESCRIPTION OF BUSINESS:** \_\_\_\_\_  
(List all business activities to be conducted at this location)

**BUSINESS LOCAL PHONE:** \_\_\_\_\_

**NUMBER OF EMPLOYEES:** \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time E-VERIFY # \_\_\_\_\_  
(If more than 10 employees)

**SOCIAL SECURITY #:** \_\_\_\_\_ **FEDERAL TAX ID:** \_\_\_\_\_

**STATE TAX ID:** \_\_\_\_\_ **SALES TAX #:** \_\_\_\_\_

**BUSINESS OWNER INFORMATION:**

**BUSINESS OWNER:** \_\_\_\_\_  
(Name of Corporation, LLC, Individual, etc.)

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**APPLICATION COMPLETED BY:** \_\_\_\_\_

**IS APPLICANT U.S. CITIZEN?** \_\_\_\_\_ YES \_\_\_\_\_ NO (If no, please bring in legal resident card.)

**PROPERTY OWNER'S INFORMATION:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NOTE:** Professionals do not pay a fee upon initial application. Each year at the time of renewal, professionals may choose to either pay the flat rate of \$300 per professional, or a tax based on gross revenue, which will not be less than \$75 (administrative fee).

FAYETTE COUNTY E-9-1-1 COMMUNICATIONS

EMERGENCY CONTACT FORM

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Prior Business Name (**if applicable**) \_\_\_\_\_

Prior Address of Business in Fayette County (**if applicable**): \_\_\_\_\_

\_\_\_\_\_

Business Phone Number \_\_\_\_\_

Business Owner(s) Name: \_\_\_\_\_

Business Owner(s) Home Phone Number: \_\_\_\_\_  
(Emergency use only)

Building Owner Name: \_\_\_\_\_

Building Owner Phone Number: \_\_\_\_\_

Additional Emergency Contact: (Someone who can gain access to the business after normal business hours in the event of Fire, Burglar Alarm, or Other Emergency)

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_

3) Name \_\_\_\_\_ Phone # \_\_\_\_\_

## NEW OCCUPATIONAL TAX

New Business ( )  
New Business Owner ( )  
New Location ( )  
Name Change ( )  
Home Occupation ( )

Business Located in Main Street District: \_\_\_\_Yes \_\_\_\_No

If so, how many employees? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CONTACT PERSON

\_\_\_\_\_  
TYPE OF BUSINESS

FOR STATISTICAL PURPOSES ONLY: Please select the following SBA Class which best describes your  
(OPTIONAL) business: \_\_\_\_ Small Business \_\_\_\_ Female \_\_\_\_ Minority

## **IMPORTANT INFORMATION FOR NEW BUSINESS APPLICANTS**

**Renovations** – Most modifications to a building will require a permit from the City’s Building Department. If you are planning to alter the interior or exterior of your new business in any way (add walls, remove walls, electrical/plumbing/heating and air work, etc.) please contact Paul Hardy (SAFEbuilt) prior to starting your project: (678) 216-0641 / [phardy@safebuilt.com](mailto:p Hardy@safebuilt.com).

**Exterior Renovations** to a building require approval from the Planning and Zoning Commission. Please contact Julie Brown at (770) 719-4180 / [jbrown@fayetteville-ga.gov](mailto:jbrown@fayetteville-ga.gov)

**Signage** – A permit from the City of Fayetteville is required for new sign installations and in most cases existing sign modifications. Prior to moving forward with any signage for your new business, please contact Geneva Walker regarding the City’s requirements and ordinances pertaining to signs: (770) 719-4177 / [gwalker@fayetteville-ga.gov](mailto:walker@fayetteville-ga.gov)

**Water Department** - If your business is located inside the City Limits of Fayetteville and you are the responsible party for paying for water and/or sewer service, you will need to bring with you a copy of your lease, two forms of ID, and there is a processing fee or transfer fee. Please contact Brenda Williams at (770)719-4187 / [bwilliams@fayetteville-ga.gov](mailto:bwilliams@fayetteville-ga.gov) for more information.

**Modify or Add Business Activities** – If at any time you plan to modify or add to the type of business activities associated with your license beyond the original description, you are required to contact the city in advance and apply to have the new or modified activities approved. Please contact Phyllis Brown at 770-719-4165 / [pbrown@fayetteville-ga.gov](mailto:pbrown@fayetteville-ga.gov)

**/s/**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

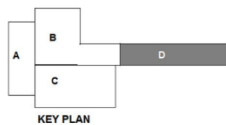
\_\_\_\_\_  
DATE



## ADDITIONAL REQUIREMENTS FOR PLACES OF ASSEMBLY

To ensure the citizens and visitors of the City of Fayetteville are provided with safe structures, the following information is required for all businesses classified as an assembly occupancy (including but not limited to: restaurants, dance halls, gyms, places of religious worship, etc.). This information shall be professionally prepared and drawn to scale with sufficient clarity and shall contain at minimum:

- Business name
- Site address
- A key plan is required if the business is in a multi-tenant building. (A key plan is a small, overall layout of the building that identifies the area in question – see example below)



- Existing and proposed floor plan
- Full dimensioned plan (with room dimensions and square footages) of proposed layout
- All rooms to be labeled for their intended use
- Details of restrooms (number and location of ADA compliant restrooms, total number of toilet and sinks provided in each restroom, etc.)
- Life safety plan (complete with path of egress, emergency lighting, occupancy loads, etc.)
- If there are no proposed changes to the mechanical, electrical or plumbing (MEP) systems then that will need to be noted on the plans. If there are proposed changes then full MEP drawings reflecting the proposed changes will be required.

For questions regarding the plan requirements, please contact:

Paul Hardy (SAFEbuilt)

Bill Rieck

Building Official

OR

Fire Marshall

(678-216-0641)

(770) 719-4052

[phardy@safebuilt.com](mailto:phardy@safebuilt.com)

[briec@fayetteville-ga.gov](mailto:briec@fayetteville-ga.gov)



State of Georgia  
**Department of Revenue**  
1800 Century Boulevard  
Atlanta, Georgia 30345

## OFFICIAL ADDENDUM TO BUSINESS OCCUPANCY LICENSE APPLICATION

### Required Fields

Name of Business (Legal Name or Trade Name)
Mailing Address if Different From the Physical Address
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address
Sales Tax ID #, if your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

### NOTICE

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA. 30345

**An Equal Opportunity Employer**

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)  
Required by Georgia Law**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the City of Fayetteville, Georgia, the undersigned applicant representing the private employer known as

\_\_\_\_\_ [printed name of business]

verifies one of the following with respect to my application for the above mentioned document:

(CHECK ONE)

\_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed **MORE THAN TEN (10) EMPLOYEES.**

\_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed **TEN (10) OR LESS EMPLOYEES.**

***IF THE EMPLOYER SELECTED MORE THAN TEN (10) EMPLOYEES, PLEASE FILL OUT  
FEDERAL WORK AUTHORIZATION USER ID NUMBER BELOW. THIS IS NOT THE  
SAME AS THE TAX ID NUMBER.***

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_ in \_\_\_\_\_(City)\_\_\_\_\_(State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent (Representative of Business)

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent (of Business)

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_



## U. S. CITIZEN/QUALIFIED ALIEN AFFIDAVIT

By executing this affidavit under oath, as an applicant for a City of Fayetteville, Georgia Business License or Occupational Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Fayetteville Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (CIRCLE ONE) for:

\_\_\_\_\_  
(Name of natural **person** applying on behalf of individual,  
business, corporation, partnership, or other private entity)

1) \_\_\_\_\_ I am a United States Citizen

**OR (only check one)**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

/s/\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\*

\_\_\_\_\_  
Alien Registration Number for Non-Citizens

\_\_\_\_\_  
Notary Public

My Commission Expires:\_\_\_\_\_

\*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the Federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

\_\_\_\_\_

## OCCUPATIONAL TAX CERTIFICATE

### DEPARTMENTAL APPROVALS

Prior to the issuance of an occupational tax certificate, application must be approved by each of the following departments.

Zoning Department	770-719-4180
Julie Brown	

Water Department	770-719-4161
Carleetha Talmadge	

Fire Department	
Bill Rieck	770-719-4052

Building Department	678-216-0641
Paul Hardy (SAFEbuilt)	

Fayette County Health Dept.	770-305-5415
(Restaurants and Food Service)	

**Copy of state license required, if applicable, before city license is released.**

**Copy of Health Department certificate required, if applicable, before city license is released.**

IF YOUR BUSINESS MOVES FROM ONE LOCATION IN THE CITY OF FAYETTEVILLE TO ANOTHER, YOU MUST COMPLETE A NEW OCCUPATIONAL TAX (BUSINESS LICENSE) APPLICATION, COMPLETE WITH DEPARTMENTAL APPROVALS, TO ENSURE THAT YOUR NEW LOCATION MEETS THE REQUIREMENTS OF CITY ORDINANCES, AND TO PROVIDE CURRENT EMERGENCY CONTACT INFORMATION FOR THE FAYETTE COUNTY E-911 COMMUNICATIONS CENTER.

IF YOUR BUSINESS IS CLOSED, OR MOVES OUT OF THE CITY LIMITS OF FAYETTEVILLE, PLEASE NOTIFY THE OCCUPATIONAL TAX OFFICE (770-719-4165) IN ORDER THAT WE MAY CLOSE YOUR ACCOUNT WITH THE CITY.

THIS LICENSE DOES NOT TRANSFER FROM ONE OWNER TO ANOTHER. THE NEW BUSINESS OWNER IS REQUIRED TO COMPLETE AND SUBMIT AN APPLICATION TO CITY HALL

## **DEFINITION OF GROSS RECEIPTS**

### **Sec. 46-66(1)**

Gross receipts means the total revenue of the business or practitioner for the period, including without being limited to, the following:

- a.** Total income without deduction for the cost of goods sold or expenses incurred;
- b.** Gain from trading in stocks, bonds, capital assets or instruments of indebtedness;
- c.** Proceeds from commissions on the sale of property, goods or services;
- d.** Proceeds from fees for services rendered; and
- e.** Proceeds from rent, interest, royalty or dividend income.

### **(2)**

Gross receipts shall not include the following:

- a.** Sales, use or excise tax;
- b.** Sales returns, allowances and discounts;
- c.** Interorganizational sales or transfers between or among the units of a parent-subsidary controlled group of corporations as defined by 26 USC 1563(a)(1), or between or among the units of a brother-sister controlled group of corporations as defined by 26 USC 1563(a)(2), or between or among wholly owned partnerships or other wholly owned entities;
- d.** Payments made to a subcontractor or an independent agent;
- e.** Governmental and foundation grants, charitable contributions, or the interest income derived from such funds, received by a nonprofit organization which employs salaried practitioners otherwise covered by this article, if such funds constitute 80 percent or more of the organization's receipts; and
- f.** Proceeds from sales to customers outside the state.